

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

for the Year 1944.

Council Offices,

Bingham.

September, 1945.



To the Chairman and Members of the
Bingham Rural District Council.

Ladies & Gentlemen,

I beg to present my Annual Report for the Year 1944. While a wider and more detailed review than was made during the War is suggested by the Ministry of Health a full report covering that period has not been asked for. Certain restrictions have, however, been removed and it is now possible to give figures of population.

It is impossible at present to do more than touch on many of the problems that confront Public Health Authorities. The problems are clear enough but the means of solving them are dependent on the ever-changing situation of labour and supply. Planning, especially to a time-table, is liable to suffer many disappointments and the various factors are so interlocked that one can only grope one's way. This is exemplified in the case of housing where so many things have to be taken into account, especially in a rural area. Zoning, the proper utilisation of land, restricted development of certain villages, the availability of a piped water supply and sewerage, local needs and the claims of the overcrowded towns, and finally the finding and securing of suitable sites, all have to be taken into account in making a housing programme.

It is common knowledge that many of our public health standards have had to be ignored for the present and this applies particularly to housing conditions. Sympathy is all that can be offered to innocent sufferers. The return of men and women from the Forces will aggravate the problem but if it also produces the labour and the materials for house building and repairing the aggravation will be tolerable.

The year under review saw yet another influx of evacuees just when everyone was feeling the strain of war, and the goodwill of householders was sorely tried. However the response was equal to the occasion and it may be said truly of the Bingham Rural District that the people met the call for help during the war years with wonderful patience and success. Not only was there a notable absence of sickness amongst the evacuees but they seemed to thrive and to benefit from their sojourn in the district.

The hostels for evacuees continued to be well filled throughout 1944 and they have proved a great resource in dealing with children who were misfits in billets. When they were opened it was not anticipated that they would require to be used for such a long period and it is a tribute to the staffs that they have so patiently put up with conditions which were very temporary in nature. Possibly this will be the last annual report in which it will be relevant to refer to Evacuation and the opportunity should not be lost to give credit to the Matrons of the two hostels and to those of their staffs who have remained with us and served us so faithfully.

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They have had the reward of seeing doubt, and even animosity, on the part of parents turn to approval and praise, and of receiving the spontaneously expressed gratitude of the children themselves for the many kindnesses they received.

The Civil Defence Casualty Service virtually terminated in the rural area at the end of 1944. Little of the spectacular came its way but the personnel were always ready to help in "extraneous duties" and this Council is indebted for much work unostentatiously done. When immunisation against diphtheria was introduced it was the Civil Defence personnel who did most of the work, receiving and recording consents, arranging appointments, and finally forming a team which was so highly efficient that the immunisation was carried through in the minimum of time. They earned the praise of all who met them at work. In the same way their help in meeting calls for ambulances was so greatly appreciated that its cessation provided something of a problem.

The change over from war-time activities to those of peace has been looked forward to with eagerness by all who have been harassed by the problems of Civil Defence and Evacuation but there will necessarily be a period calling for the exercise of much patience while the Country struggles to regain its normal state. After a spate of Reports of Commissions and White Papers during the latter half of the war additions to the Statute Book have been slow to appear and of Acts of importance to the Public Health 1944 produced only the Rural Water Supplies and Sewerage Act, which, by means of grants, makes it easier for rural authorities to provide piped water throughout their districts and to instal sewers and sewage disposal works. This Act also finally disposed of the vexed question of special and general rates for water supplies and sewerage.

I am,
Ladies & Gentlemen,
Yours faithfully,

WM. B. WATSON.

PUBLIC HEALTH OFFICERS.

Medical Officer of Health.	W.B. Watson, L.R.C.P. L.R.C.S. D.P.H.
Sanitary Inspector.	J.G.W. Hurst, M.S.I.A. (on active service) C.G. Williams, M.S.I.A.
Surveyor.	C.W. Kendrick, Cert. R.S.I. M.I. Mun. & Cy. E.

STATISTICS AND SOCIAL CONDITIONS.

Area of District.	67,583 acres.
Registrar-General's estimate of resident population, mid-1944	16,420.
Number of inhabited houses (Oct. 1944)	4,925.
Rateable value.	£105,638.
Product of penny rate per annum	£445.

EXTRACTS FROM VITAL STATISTICS.

Live births.	<u>Total.</u> 278	<u>M.</u> 136	<u>F.</u> 142
Birth rate (per 1,000 population)	16.9 (Eng. & Wales 17.6)		
Deaths	<u>Total.</u> 203	<u>M.</u> 105	<u>F.</u> 98
Death rate (per 1,000 population)	12.4 (Eng. & Wales 11.6)		
Death rate of infants under one year of age (per 1,000 live births)	40 (Eng. & Wales - 46)		

The Birth Rate continues to rise. The figures for the ~~past~~ five years are:- 12.5, 13.6, 13.9, 16.2, and now 16.9. They are, however, consistently below the national rate.

The Crude Death Rates for the ~~past~~ five years are:- 13.2, 11.1, 10.0, 12.9, 12.4. It is not possible at present to estimate the corrected death rate (which in normal times discounts local peculiarities of age and sex incidence) owing to the unsettled distribution of the population.

Population. It is now permissible to give the Registrar-General's figures of estimated population for the war years. They are:- 1939, 16,820; 1940, 17,280; 1941, 17,660; 1942, 17,090; 1943, 16,690; 1944, 16,420.

No useful comments on these figures can be made and it is impossible to supply alternative figures arrived at by the usual peace-time methods. It would be interesting to know the number of families or households today compared with 1938. Certainly there is always a demand for new houses from local people who have none of their own. We must await a national census.

Ambulance Facilities. The St. John Ambulance Brigade continued to be the main source of supply for ambulances for accidents and other emergencies but reliance was also placed on the Civil Defence ambulances and the ready response of the Civil Defence Service in moments of urgency was often a relief to applicants and administrators alike. Until a full return to normal conditions is experienced, with free use of petrol for cars, it will be impossible to be sure if the demand for ambulances has increased. There is certainly a need for more reciprocity between local authorities or for some other form of rationalisation. As with fire brigades nothing can appear more "stupid" to the man in the street than failure to respond to a call because it came from an "outside district."

As regards ambulances for infectious cases the position is improving but two great needs remain to be met - a nurse with every ambulance and conveyance home of the patient on discharge from hospital.

Sewerage. Schemes are in hand for the laying of sewers and the construction of disposal works in several parishes. There will follow a period of observation of the relative needs of the remaining parishes, especially after a piped water supply is available. The principal factors are new housing and the demand for modern sanitation for existing houses.

Water. Twenty out of the forty parishes in the Rural District have water mains conveying water from the Nottingham supply but in some of these parishes extensions are required. It is estimated that 58% of the houses in the whole of the Rural District have a piped supply.

The higher rainfall reduced the number of complaints of dry wells. The demand for a piped supply continues to increase and it is to be hoped that with a return to normal conditions those property owners who have had the opportunity but have not taken advantage of it will anticipate coercion by installing a piped supply as soon as they can. At present there are about 840 houses without a piped supply but having water mains within 100 yards of the house.

As regards the remaining twenty parishes without piped water there is no doubt that as soon as possible their need will be met. Meantime the revelations of occasional sampling of well waters where no alternative means of supply exist are an embarrassment to the Council and a source of distress to the consumers.

Camping Sites. The licensing of camps and caravans requires the exercise of careful judgment. Especially at the present time no unreasonable difficulties should be placed in the way of applicants but on the other hand the general public are apt to adopt a high standard of sanitation and an acute consciousness of amenities when viewing camping sites. There are camps which local authorities have raised beyond reproach so far as sanitation goes but to the lover of the countryside they have ceased to be camps and have become country slums.

There is one camping site in the District licensed for 50 tents and caravans and several single caravans are licensed in various parishes.

HOUSING. It is impossible in an abridged report to discuss fully the post-war housing problem. To the public health departments the provision of additional houses is only a part of the problem. Certainly the miraculous appearance of unlimited new houses would solve all problems such as overcrowding and sanitary unfitness but with the prospect of what must appear a painfully slow growth of new houses there must be kept in mind the increasing age and dilapidation of old and unfit houses and the question of what can properly be expected of the owners to keep them in habitable condition. Many of them, we know, should come down but when?

In October, 1944, the first meeting of the Nottinghamshire Rural Housing Joint Committee was held and since then the procedure has been decided upon for carrying out the survey called for by the Ministry of Health. Work on the survey in this area commenced in mid-1945 but full progress will not be attained until further staff is available.

HOUSING. (Continued)

The survey will provide valuable information which will be of use in making plans for dealing with re-housing and the improvement of old houses but the urgent need is to reach the stage when the actual work of reconstruction can commence and if this is long delayed the survey will prove of little practical use. Procedure under the Housing Acts would make another detailed survey necessary.

Infectious Disease.

The year 1944 was a fairly uneventful one in the incidence of infectious disease. The features of interest were (1) the commencement late in the year of an epidemic of measles, (2) the complete absence of enteric fever, and (3) the absence of diphtheria from the civil population. Another feature, well worthy of record and applying to the Country generally, was the remarkable absence of epidemics attributable to the presence of the Forces or to abnormal movements of the population or to other war-time conditions which the epidemiologists had (very properly) warned us might give trouble. We must thank these epidemiologists for their warning, even although it was falsified, and at the same time pay them the honour of attributing our freedom in some measure to the knowledge which their researches have provided.

Only 9 cases of scarlet fever, out of 30 notified, required to be sent to hospital. Other cases sent to hospital were two of cerebrospinal fever, 2 of whooping cough, and 3 of tonsillitis (sent in as probably diphtheria.)

The position as regards hospital accommodation has eased since the Debdale and the Southwell hospitals have become available but applications for accommodation at these hospitals are not always successful. For diseases such as enteric fever and cerebrospinal fever one has to beg favours from the big City hospitals.

The number of new cases of tuberculosis notified was 11. This compares favourably with figures of 17, 21, 17, and 13 for the previous four years.

Immunisation against Diphtheria.

Thanks to the propaganda of the Ministry of Health and the Central Council for Health Education and to the persistent efforts of the County Health Visitors the demand for immunisation was well maintained. The following are figures taken from the return to the Ministry of Health at the end of the year:

Percentage of the child population considered to be immunised - -

Under 5 years of age - 57

Between 5 and 15 - 96

The Health Visitors have co-operated most willingly and effectively in the work by informing the Medical Officer of Health of the needs of the various parishes, and by following up non-attenders. The work is done in the schools and although it upsets the work of the school for an hour or so the teachers are always most willing and helpful.

A "boosting" dose is now being offered for all children attaining 5 years of age if they were first immunised at 12 months. The response has been good.

